

Potential Regulatory Elements Between Attachment Styles and Psychopathology: Rejection Sensitivity and Self-esteem

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ABSTRACT

Introduction: The importance of attachment in individuals' development is enormous. The attachment patterns established with the first experiences are thought to affect our relationships and especially our mental state. In this study, it is aimed to examine the mediator effect of self-esteem and rejection sensitivity in the relationship between attachment, depression and anxiety.

Method: 340 university students are included in the study. Students' attachment patterns in close relationships are evaluated by Experiences in Close Relationships-Revised, depression and anxiety levels by Beck depression and Beck Anxiety Scales, rejection sensitivity by the Rejection Sensitivity Scale and self-esteem by Self-Esteem Scale.

Results: It was found that, as anxious attachment level increased, psychopathology symptoms and rejection sensitivity increased and

self-esteem decreased. In addition, the mediator effect of self-esteem in the relationship between anxious attachment and psychopathology and the mediator effect of rejection sensitivity between anxious attachment and self-esteem could be mentioned. On the other hand, there was no significant relationship between avoiding attachment and psychopathology.

Discussion: The findings of the study show that there is a difference between anxious and avoidant attachment patterns and anxious attachment is associated with increased rejection sensitivity and susceptibility to depression and anxiety and decreased self-esteem.

Keywords: Attachment, psychopathology, rejection sensitivity, self-esteem

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INTRODUCTION

Attachment is thought to be an innate system, arising from internal or external stimulation and triggered by anxiety. For children's healthy development and safe attachment, it has been suggested that it is necessary for children to use the mother as a safe haven in times of danger (1), or as a safe base for exploratory behavior in instances of no danger, until attachment occurs.

Children who are unable to use their mothers as a safe base, or whose needs are unmet or met inconsistently develop insecure attachment. By internalizing these attachment experiences over time, a child develops mental representations about himself/herself and others; in other words, children form their internal working models in this way (2). Thus, these models, which are formed by the very earliest experiences, play an important role in the relationships, expectations, and perceptions that children will have in the future by influencing their assessment of themselves and others.

Individuals with anxious attachment styles, who consider themselves positive and others negative, are characterized by a high level of anxiety, a lack of secure attachment, a strong need for intimacy, and a fear of rejection in their relationships (3). In the avoidant attachment style, which is characterized by a positive mental model of the self and a negative mental model of others, individuals give extreme importance to their

autonomy and try to protect themselves from potential frustrations by keeping a distance (3). Within the scope of this study, two dimensions of the above-mentioned adult attachment will be discussed.

Attachment Style and Psychopathology

It has been suggested that internal working models, which are formed as a result of early attachment styles, continue to exist throughout life, directly affecting mental health in particular (2). According to attachment theory, insecure attachment is considered a risk factor for internalization problems such as anxiety, depression, and social isolation (4). In addition, people who develop anxious or avoidant attachment at an early age may be predisposed to psychopathologies during a period of their development as they have problems in their close relationships and give dysfunctional responses under stress (5).

In one meta-analysis study, children with insecure attachment were found to have two-fold internalization problems compared to children with secure attachment, and children with avoidant attachment were found to have the highest level of internalization problems (6). In light of all these findings, the aim of this study is to develop and test a model that shows how insecure attachment styles (anxious and avoidant) can directly or indirectly affect psychopathology.

Intermediaries: Rejection Sensitivity and Self-esteem

Rejection sensitivity is a concept that refers to the anxious anticipation of rejection, the easy emergence of the perception of rejection, and overreacting to rejection (7). The idea that people have a desire to avoid rejection and need acceptance forms the basis of attachment theory (8). According to Bowlby (9), children whose needs are rejected or not met consistently and sensitively do not feel a sense of trust towards others and become sensitive to rejection. A study investigating the effects of different attachment styles on rejection sensitivity has found that individuals with secure attachment styles had a higher level of rejection sensitivity than individuals with anxious and avoidant attachment styles (10). Similarly, individuals who were rejected in early childhood (7, 11) or who have experienced abuse or neglect (12) may develop sensitivity to rejection and may experience difficulties in adulthood by showing too much sensitivity to interpersonal problems and taking extreme offense at perceived and real criticisms (13).

Studies have also investigated the relationship between rejection sensitivity and psychopathology. Chango et al. (14) found that individuals with vulnerability caused by rejection sensitivity were more inclined to develop depression. Likewise, another study found that there was a moderately significant relationship between rejection sensitivity and anxiety (15).

Self-esteem is defined as a positive or negative assessment of one's own self (16). In other words, self-esteem is the sum of the individual's self-assessments, and it has been suggested that it is shaped by the responses given by the attachment figure to the child's needs (17). People with high self-esteem rely on themselves more and are more ambitious in achieving their goals. Individuals with low self-esteem, however, have greater sensitivity to disapproval or rejection, a tendency to avoid distressing situations that may lead to rejection and embarrassment, and a tendency to avoid relationships (11). In line with this, the study conducted by Sarıçam, Gençdoğan, and Erözkan (18) with university students shows that self-esteem decreases as the sensitivity to rejection increases.

The negative self-model that can develop in cases where the relationship with the attachment figure is negative can increase a person's vulnerability to depression by reducing his/her self-valuation. A longitudinal study found that low self-esteem was a risk factor for depression (19, 20). Another study found that open self-esteem was significantly correlated with both depression and social anxiety disorder (21). The relationship between self-esteem and anxiety has rarely been studied, and it is thought that self-esteem may have an intermediary effect on anxiety (22).

Within the scope of this study, anxious and avoidant attachment styles are expected to be negatively related to self-esteem and positively related to rejection sensitivity and psychopathology. It is also assumed that rejection sensitivity is positively correlated with psychopathology and negatively correlated with self-esteem. On the other hand, it is predicted that 1) self-esteem and rejection sensitivity will have an intermediary role in the relationship between attachment styles and psychopathology, 2) rejection sensitivity will have an intermediary role in the relationship between attachment styles and self-esteem, and 3) self-esteem will have an intermediary role in the relationship between rejection sensitivity and psychopathology.

METHOD

Research Model

This study was designed using the relational screening research design to reveal the relationships (Figure 1) between attachment styles, psychopathology, rejection sensitivity, and the self-esteem variables. Ethical approval for the study was obtained from the Non-Interventional

Clinical Research Ethics Committee of Tekirdağ Namık Kemal University (date 26.04.2018; approval number 2018/60/04/08).

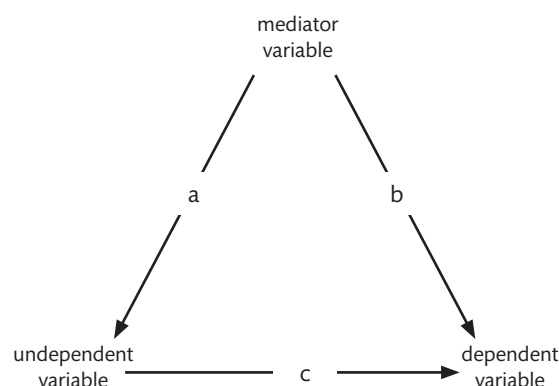


Figure 1. Mediation Effect.

Study Sample

The participants consisted of 340 university students studying in various faculties and departments of two different state universities during the 2017–2018 academic year. Of the participants, 239 (70.3%) were female and 101 (29.7%) were male, with ages ranging from 17 to 36 years old (\bar{X} =21.19, S =2.25). Verbal and written consent was obtained from the participants by stating the purpose of the study.

Data Collection Instruments

Experiences in Close Relationships Inventory-II (ECRI-II)

The Turkish validity and reliability study of the ECRI-II, developed by Fraley and Shaver, was carried out by Selçuk et al. (23). There is a total of 36 items on the scale, with 18 items in the anxiety sub-scale and 18 in the avoidance sub-scale. The score taken from each sub-scale ranges from 18 to 126, and increasing scores in the scale indicate increasing avoidant attachment. The Cronbach's alpha coefficient was calculated as 0.90 for the avoidant attachment sub-scale and 0.86 for the anxious attachment sub-scale. The test-retest reliability coefficients for the scale's avoidance and anxiety sub-scales were 0.81 and 0.82, respectively (23). For this study, the internal consistency coefficient was 0.87 for the anxiety sub-scale, 0.82 for the avoidance sub-scale, and 0.86 for the overall scale.

Beck Depression Inventory (BDI)

The BDI, developed by Aaron T. Beck in 1961, measures somatic, emotional, cognitive, and motivational symptoms seen in depression. The aim of the scale is not to diagnose depression but to objectively determine the degree of depression symptoms. The scale contains 21 symptom categories. These include mood, pessimism, feelings of failure, dissatisfaction, guilt, feelings of punishment, self-hatred, self-blame, desire to self-punish, bouts of crying, irritability, social introversion, indecision, body image, inhibition of operability, sleep disorders, fatigue, exhaustion, loss of appetite, weight loss, somatic complaints, and loss of sex drive.

For the BDI, the individual is asked to choose the statement that best expresses how he/she felt in the last week, including the present day. Each item is scored between 0 and 3. The highest depression score achieved by summing these is 63, and a higher total score indicates higher levels of depression. The Turkish adaptation of the scale was carried out by Tegin in 1980. In the reliability study of the Turkish form, the two half-test reliability coefficient of the scale was 0.78 for the student group and 0.61 for the patients with depression. The test-retest reliability coefficient was 0.65. The internal consistency coefficient for this study was calculated as 0.86.

Beck Anxiety Inventory (BAI)

The BAI, also developed by Beck, measures anxiety symptoms and reveals the cognitive aspects of anxiety; it consists of a total of 21 items, with 13 items assessing physiological symptoms, 5 assessing cognitive direction, and 3 assessing both somatic and cognitive symptoms. The Turkish adaptation of the scale was carried out by Ulusoy in 1998. Each item in the scale is scored on a 4-point Likert-type scale. Increasing scores in the scale indicate the increasing severity of anxiety. The internal consistency coefficient for this study was calculated as 0.92.

Rejection Sensitivity Scale (RSS)

The Turkish adaptation of the RSS, developed by Downey and Feldman (7) to determine sensitivity to rejection, was carried out by Özen, Sümer, and Demir (24). There is a total of 26 items on the scale and two sub-scales: "sensitivity to rejection by friends" and "sensitivity to rejection by parents." Each item is scored on a 6-point Likert-type scale. The internal consistency coefficient of the Turkish form of the scale is between 0.73 and 0.85. The internal consistency coefficient for this study was calculated as 0.88.

Self-esteem scale

The self-esteem scale, developed by Tokuş in 2010 to measure the positive and negative aspects of self-esteem in two dimensions, has a total of 20 items, with 10 reverse-coded items. Each item on the scale is scored on a 6-point Likert-type scale. The total score of the scale is obtained by reversing the reverse-coded items; increasing scores indicate increased self-esteem. The internal consistency coefficient of the scale was 0.91 for its positive sub-scale and 0.87 for its negative sub-scale. For this study, however, the internal consistency coefficient was calculated as 0.89.

Procedure

The average data collection time for each participant was between 10 and 15 minutes. The structural model planned to be tested in the study was tested with IBM SPSS and Amos 21.0, using the maximum likelihood estimation method. The fitness of the model to the data was evaluated by looking at the significance of the t-values of the path coefficients towards implicit variables as well as looking at the fitness indices. When testing whether the measurement models and hypothetical models were confirmed, the fitness index values were taken as follows: chi-square/df<5; 0.90<comparative fit index (CFI); 0.90<goodness of fit index (GFI); standardized root mean square residual (SRMR)<0.08; root mean square error of approximation (RMSEA)<0.08; and 90<non-normed fit index (NNFI). In the preliminary analysis, it was determined that the observed variables' kurtosis values were between 0.01 and 1.88, and skewness values were between 0.01 and 0.99, which were within the acceptable limits (25).

Intermediary effect

The intermediary variable is the variable that creates an intermediate effect in the causal relationship from the dependent variable to the independent variable. In other words, the independent variable reveals the intermediary variable, and then this effect determines the dependent variable (26).

To explain the intermediary effect, a path diagram is presented in Figure 2 to illustrate the chained causal relationship. This model consists of three variables, and it is assumed that there are two causal pathways to the dependent variable. There are three different path coefficients in this model: the direct effect of the independent variable on the dependent variable (path c), the direct effect of the intermediary variable on the dependent variable (path b), and the effect of the independent variable on the intermediary variable (path a). When a variable performs the following, it acts as an intermediary (27):

- if the changes in the independent variable represent the changes in the intermediary variable significantly (if path a is statistically significant)
- if the changes in the intermediary variable represent the changes in the dependent variable significantly (if path b is statistically significant)
- when the paths from the independent variable to the intermediary variable and the intermediary variable to the dependent variable (paths a and b) are checked, if the previously significant relationship between the independent and dependent variables is no longer significant.

When examining the intermediary effect, it is expressed as a completely intermediary, partially intermediary, and inconsistent intermediary effect, which is determined according to different situations where the paths between the intermediary variable and the dependent variable vary in accordance with their significance. Figure 3 shows the modeling of the intermediary impact types (28).

RESULTS

Measurement Model

The cases to be investigated with the measurement model are as follows.

- demonstration of whether the BDI and BAI scores represent the psychopathology variable
- demonstration of whether the three-parcel ECRI-II's anxious attachment sub-scale items represent the anxious attachment variable, and whether the three-parcel ECRI-II avoidant attachment sub-scale items represent the avoidant attachment variable
- demonstration of whether the three-parcel self-esteem items represent the self-esteem variable
- demonstration of whether the friends and parents sub-scale score of the RSS represents the rejection sensitivity variable.

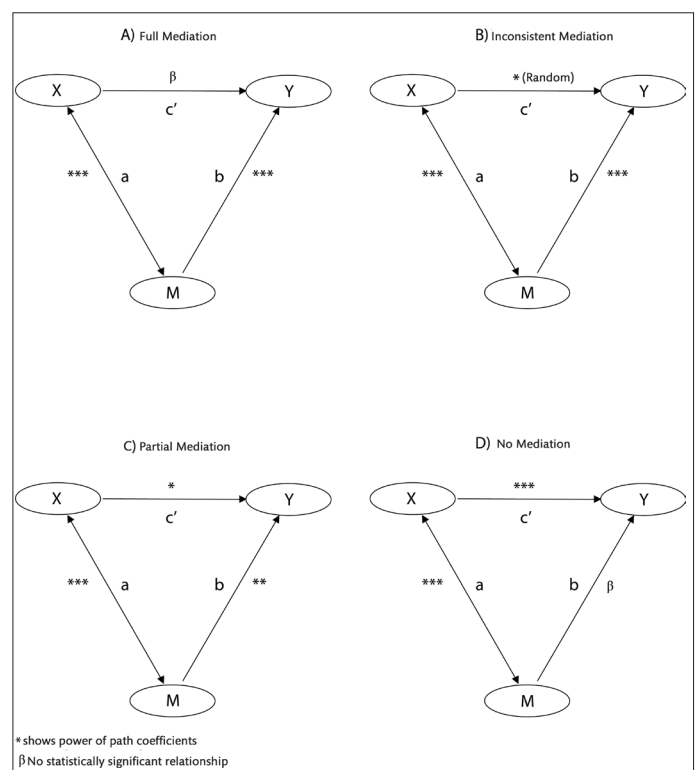


Figure 2. Types of Mediation

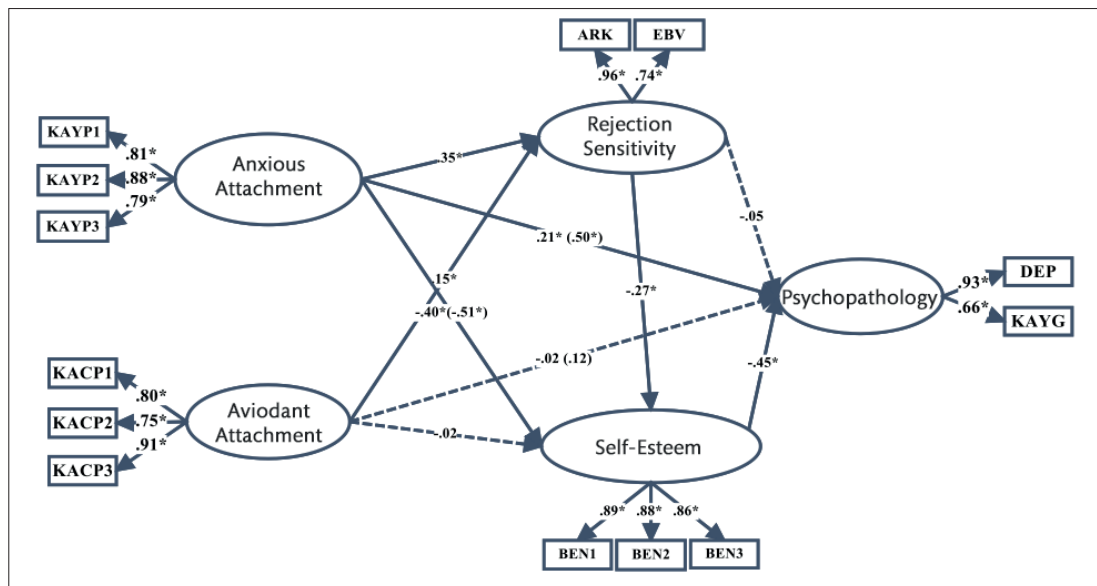


Figure 3. Hypothetic model; KAYP1–3, three parcels of YIYE-II items of anxious attachment sub-dimension; KACP1–3 three parcels of YIYE-II items of avoidant attachment sub-dimension; BEN1–3, three parcels of Self-Esteem Scale Items; DEP, Total Scores of Beck Depression Scale; KAYG, Total Scores of Beck Anxiety Scale; ARK, Total Scores of From Friends Subscale of Rejection Sensitivity Scale; EBV, Total Scores of From Parents Subscale of Rejection Sensitivity Scale.

For this purpose, measurements of the model determined within the scope of the study were found as: χ^2 (55, N=340)=201.92; $p=0.001$; GFI=0.92; AGFI=0.86; CFI=0.94; NFI=0.92; RMSEA=0.089 (90% confidence interval for RMSEA=0.076–0.10). It can be stated that the model fits well with the data according to the resulting goodness of fit index values. In other words, the implicit variables of psychopathology, anxious and avoidant attachment, self-esteem, and sensitivity to rejection are represented by the identified and observed variables. The correlation coefficients between the sub-scale scores of each scale in the measurement model were found to vary between 0.77 and –0.03 (Table 1).

Table 2 shows the standardized path coefficients, the standard error values of the path coefficients, and the t-statistics on the significance of the path coefficients for the measurement model, which examines whether the total sub-scale scores of the scales and observed variables obtained represent the implicit variables of rejection sensitivity, psychopathology, anxious attachment, avoidant attachment, and self-esteem.

When the values given in Table 2 were examined, the standardized factor loads in the model for the ECRI-II anxious attachment sub-scale items, which represent anxious attachment, were found to vary between 0.79 and 0.89, which are statistically significant ($p<0.05$). Thus, the anxious attachment sub-scale items of the parcel ECRI-II can be interpreted as representing the anxious attachment variable. The standardized factor loads in the model for the ECRI-II's avoidant attachment sub-scale items, representing the avoidant attachment, were found to vary between 0.75 and 0.91, and these values are statistically significant ($p<0.05$). Thus, the avoidant attachment sub-scale items of the parcel ECRI-II can be interpreted as representing the avoidant attachment variable. In the measurement model, the standardized factor load values, indicating that the friends and parents sub-scale scores of the RSS represent the rejection sensitivity variable, were between 0.72 and 0.99, and these values are statistically significant ($p<0.05$). The friends and parents sub-scale score of the RSS can be interpreted as representing the rejection sensitivity variable. Similarly, in the measurement model, the three-

Table 1. Correlations among observed variables in the model

Variables		1	2	3	4	5	6	7	8	9	10	11	12	13
Rejection Sensitivity	1. Friends	-												
	2. Parents	0.71**	-											
Psychopathology	3. BDEP	0.19**	0.12*	-										
	4. BANKS	0.12*	0.15**	0.62**	-									
Anxious Attachment	5. KAYP1	0.36**	0.23**	0.32**	0.28**	-								
	6. KAYP2	0.26**	0.25**	0.34**	0.36**	0.69**	-							
	7. KAYP3	0.28**	0.18**	0.24**	0.23**	0.61**	0.72**	-						
Avoidant Attachment	8. KACP1	0.22**	0.18**	0.1	0.1	0.30**	0.12*	-0.01	-					
	9. KACP2	0.16**	0.07	-0.03	-0.07	0.26**	0.17**	0.11	0.58**	-				
	10. KACP3	0.19**	0.16**	0.07	0.11	0.27**	0.20**	0.09	0.72**	0.67**	-			
Self Esteem	11. BEN1	-0.39**	-0.28**	-0.47**	-0.32**	-0.44**	-0.35**	-0.33**	-0.15**	-0.06	-0.05	-		
	12. BEN2	-0.36**	-0.25**	-0.49**	-0.31**	-0.44**	-0.39**	-0.35**	-0.18**	-0.08	-0.09	0.76**	-	
	13. BEN3	-0.29**	-0.19**	-0.35**	-0.18**	-0.38**	-0.29**	-0.25**	-0.22**	-0.11*	-0.09	0.77**	0.76**	-
Mean		7.49	7.9	35.99	16.86	15.91	24.54	24.04	16.88	2.84	19.54	32.89	29.15	26.45
Standard Deviation		3.15	4.02	9.59	12.81	7.04	6.57	7.22	6.61	5.22	6.04	6.57	7.06	5.7

* $p<0.05$; ** $p<0.01$; KAYP1–3, three parcels of YIYE-II items of anxious attachment sub-dimension; KACP1–3 three parcels of YIYE-II items of avoidant attachment sub-dimension; BEN1–3, three parcels of Self-Esteem Scale Items; DEP, Total Scores of Beck Depression Scale; KAYG, Total Scores of Beck Anxiety Scale; ARK, Total Scores of From Friends Subscale of Rejection Sensitivity Scale; EBV, Total Scores of From Parents Subscale of Rejection Sensitivity Scale.

Table 2. Factor scores, standard errors, and t values of measurement model

Variables	Nonstandardized Factor Scores	Standardized Factor Scores	SE	t
Anxious Attachment				
KAYP3	1.00	0.79	-	-
KAYP2	1.02	0.89	0.06	16.28*
KAYP1	0.99	0.8	0.07	15.18*
Avoidant Attachment				
KACP3	1.00	0.91	-	-
KACP2	0.71	0.75	0.05	14.76*
KACP1	0.96	0.79	0.06	15.70*
Rejection Sensitivity				
ARKR	1.00	0.99	-	-
EBVR	0.93	0.72	0.11	8.48*
Self Esteem				
BEN3	1.00	0.85	-	-
BEN2	1.27	0.88	0.06	2.16*
BEN1	1.20	0.89	0.06	2.54*
Psychopathology				
BDEP	1.00	0.93	-	-
BANKS	0.95	0.67	0.11	8.44*

* $p < 0.05$; KAYP1–3, three parcels of YIYE-II items of anxious attachment sub-dimension; KACP1–3 three parcels of YIYE-II items of avoidant attachment sub-dimension; BEN1–3, three parcels of Self-Esteem Scale Items; DEP, Total Scores of Beck Depression Scale; KAYG, , Total Scores of Beck Anxiety Scale; ARK, Total Scores of From Friends Subscale of Rejection Sensitivity Scale ; EBV, Total Scores of From Parents Subscale of Rejection Sensitivity Scale.

parcel self-esteem scale items were found to represent the self-esteem variable, and the standardized factor load values were found to vary between 0.85 and 0.89, which are statistically significant ($p < 0.05$). The three-parcel self-esteem scale items can be said to represent the self-esteem variable. In the model, the standardized factor load values of the BDI and BAI scores, representing the psychopathology variable, were found to vary between 0.67 and 0.93, and these values are statistically significant ($p < 0.05$). Thus, the BDI and BAI scores can be interpreted as representing the psychopathology variable. As a result, the observed variables obtained by the scales within the measurement model were found to serve the purpose of measuring the implicit variables of anxious attachment, avoidant attachment, rejection sensitivity, self-esteem, and psychopathology. Table 3 shows the correlation values of the implicit variables.

According to the results of the analysis given in Table 3, there was a positive relationship between anxious attachment and rejection sensitivity ($r = 0.35$, $p < 0.05$) and psychopathology ($r = 0.42$, $p < 0.05$) while there was a negative and significant relationship with self-esteem ($r = -0.49$, $p < 0.05$). It can be said that as anxious attachment scores increase, rejection sensitivity and psychopathology scores also increase, and the self-esteem scores decreased in the individuals included in the study. In addition, a positive

correlation was observed between avoidant attachment and rejection sensitivity ($r = 0.22$, $p < 0.05$) while there was a negative correlation with self-esteem ($r = -0.14$, $p < 0.05$). Likewise, it can be said that as individuals' avoidant scores increase, their sensitivity to rejection scores also increase, and self-esteem scores decrease as well. However, it was found that there was no statistically significant relationship between avoidant attachment and psychopathology.

Model Test

After testing the hypothetical model that was intended to be tested within the scope of the research, the standardized path coefficients for the model are given in Figure 4.

When the results of the structural model are examined, the fitness index values were found as follows: χ^2 (55, $N = 340$) = 201.91; $p = 0.001$; GFI = 0.92; AGFI = 0.86; CFI = 0.94; NFI = 0.92; RMSEA = 0.089 (90% confidence interval for RMSEA = 0.076–0.10). Looking at these values, it can be stated that the model fits well with the data.

When the standardized path coefficients in the model given in Figure 4 were examined, it was found that anxious attachment is a statistically significant predictor of rejection sensitivity ($\beta = 0.35$, $p < 0.05$),

Table 3. Correlations among latent variables in the model

Latent Variables	1	2	3	4	5
1. Anxious Attachment	-				
2. Avoidant Attachment	0.25*	-			
3. Rejection Sensitivity	0.35*	0.22*	-		
4. Self Esteem	-0.49*	-0.14*	-0.41*	-	
5. Psychopathology	0.42*	0.08	0.20*	-0.54*	-

* $p < 0.05$.

psychopathology ($\beta = 0.50$, $p < 0.05$), and self-esteem ($\beta = -0.51$, $p < 0.05$) whereas avoidant attachment was found to be a significant predictor of only rejection sensitivity ($\beta = 0.15$, $p < 0.05$), and rejection sensitivity was found to be a significant predictor of self-esteem ($\beta = -0.21$, $p < 0.05$). Therefore, as individuals' anxious attachment level increases, their sensitivity to rejection and psychopathology also increases while their self-esteem decreases. An increasing avoidant attachment level in individuals also increases their sensitivity to rejection. In addition, as individuals' sensitivity to rejection increases, their self-esteem decreases.

Indirect relationships were also evaluated in the hypothetical model presented for testing within the scope of the study. In this context, first of all, it was tested whether there is an intermediary role of self-esteem and sensitivity to rejection in the relationship between anxious and avoidant attachment and psychopathology; the intermediary role of sensitivity to rejection in the relationship between anxious and avoidant attachment and self-esteem was also tested as well as the intermediary role of self-esteem in the relationship between sensitivity to rejection and psychopathology. When we look at Figure 4, it can be stated that the sensitivity to rejection has no intermediary role in the relationship between anxious and avoidant attachment and psychopathology since it was found that avoidant attachment and sensitivity to rejection had no significant predictive effect on psychopathology ($p < 0.05$). In addition, since it was found that avoidant attachment had no significant predictor effect on self-esteem ($p < 0.05$), it was determined that self-esteem had no intermediary effect in the relationship between avoidant attachment and psychopathology.

According to Figure 4, when the model was retested by setting the path coefficient from self-esteem to psychopathology to zero, it was found that the path coefficient from anxious attachment to psychopathology was 0.50 and statistically significant ($p < 0.05$); however, when the path coefficient from self-esteem to psychopathology was not fixed, this relationship was found to be 0.21 and still statistically significant ($p < 0.05$). Similarly, when the path coefficient from rejection sensitivity to self-esteem was fixed to zero, the path coefficient from anxious attachment to self-esteem was found to be 0.51 and statistically significant ($p < 0.05$), but when it was not fixed, this relationship was 0.40 and still statistically significant ($p < 0.05$). Accordingly, it can be stated that self-esteem has a partial intermediary effect on the relationship between anxious attachment and psychopathology, and rejection sensitivity has a partial intermediary effect in the relationship between anxious attachment and self-esteem. When the model is considered in general, although there is no statistically significant complete intermediary effect, it can be said

that there is an indirect relationship via self-esteem in the relationship between rejection sensitivity and psychopathology due to the identified partial intermediary effect.

DISCUSSION

This study aimed to review the relationship between insecure attachment styles (avoidant and anxious), psychopathology (depression and anxiety), self-esteem, and rejection sensitivity as well as to investigate the intermediary effect of self-esteem and rejection sensitivity on the relationship between insecure attachment and psychopathology. In addition, the intermediary role of rejection sensitivity in the relationship between attachment styles and self-esteem as well as the intermediary role of self-esteem in the relationship between rejection sensitivity and psychopathology were also tested.

The model suggesting that anxious attachment makes an individual more prone to depression and anxiety and is associated with high rejection sensitivity and low self-esteem was supported. The findings were in line with previous studies (4, 5, 29) that found individuals with insecure attachment were more prone to psychopathology and provide empirical support to Bowlby's (9) attachment theory, emphasizing the importance of attachment styles established at an early age. Children may develop a negative self-perception as a result of the negative relationship established with the attachment figure, and this can lead them to perceive the difficulties they experience as their own inadequacies. Therefore, negative self-perception can reduce the sense of self-value that individuals perceive, and this can increase the risk of vulnerability to depression and anxiety. The partial intermediary effect of self-esteem on the relationship between anxious attachment and psychopathology is consistent with the study by Crocker and Park. An anxious attachment style reduces self-esteem by increasing dysfunctional attitudes, and low self-esteem leads to increased depressive symptoms (30).

Additionally, there was a negative correlation between rejection sensitivity and self-esteem. Sarıçam et al. also reported in their research findings that self-esteem decreases with increasing rejection sensitivity. Individuals with low self-esteem tend to be sensitive to criticism, avoid behaviors that may threaten self-esteem, and think about (pay attention to) their image as seen by others (31).

Although it was not statistically significant, it can be said that there is an indirect relationship between anxious attachment and self-esteem over sensitivity to rejection. This is because, in individuals with an anxious

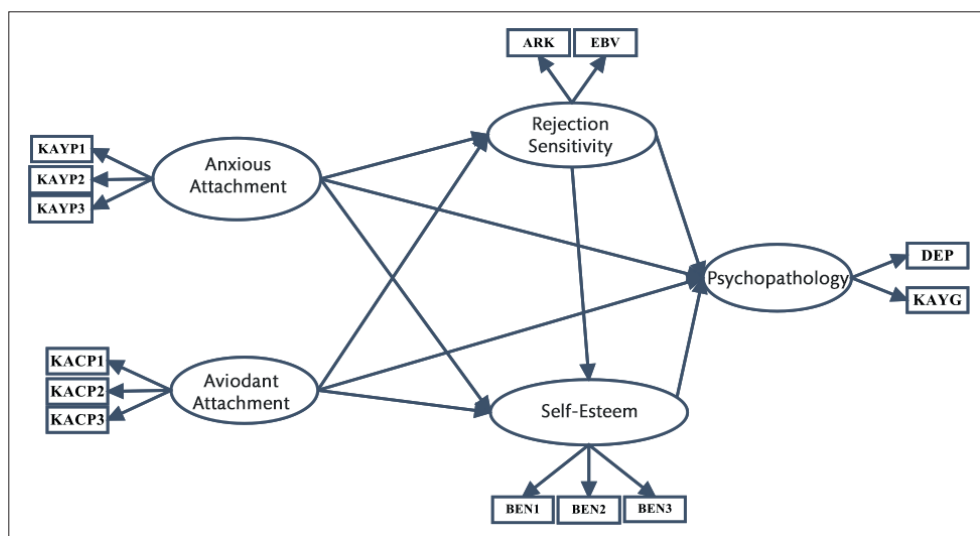


Figure 4. Standardized Coefficients in Model, * $p < 0.05$; KAYP1–3, three parcels of YIYE-II items of anxious attachment sub-dimension; KACP1–3 three parcels of YIYE-II items of avoidant attachment sub-dimension; BEN1–3, three parcels of Self-Esteem Scale Items; DEP, Total Scores of Beck Depression Scale; KAYG, Total Scores of Beck Anxiety Scale; ARK, Total Scores of From Friends Subscale of Rejection Sensitivity Scale; EBV, Total Scores of From Parents Subscale of Rejection Sensitivity Scale.

attachment style, their anxiety level increases and self-esteem decreases. Anxious individuals, on the other hand, perceive hints of rejection more easily or are more emotional about departing from significant others (32). In line with these inferences, Khoshkam et al. (11) state that there is a negative correlation between anxious attachment styles and anxiety and self-esteem.

Culturally relational mobility can be shown as a possible explanation for the relationship between anxious attachment and self-esteem indirectly over rejection sensitivity. Relational mobility creates a freer environment when building new relationships, based on individuals' personal preferences. As a result, individuals are able to achieve the motivation necessary to find positive aspects of their relationships and to improve their relationships (33). In contrast, stability in relationships is greater in societies with low relational mobility, and the termination of an existing relationship in individuals in such societies has a more devastating effect (34). As a result, individuals in both societies may tend to be cautious when assessing the behavior of acquaintances and prefer socially less risk-averse situations (35, 36).

Previous studies have shown that socio-ecological factors have an effect on individual sensitivity to rejection. In collectivist societies where relational mobility is low (e.g., East Asia), people tend to adopt the belief that their social relationships are more stable due to interdependence while in individualist societies where relational mobility is high (e.g., North America), people tend to adopt the belief that social relationships are perishable by their discretionary nature (37). In light of this information, it is believed that sensitivity to rejection has a strong effect on the individuals studied, and the sense of acceptance perceived by these individuals has a significant effect on self-esteem due to the collectivist social structure of the studied environment.

There are numerous studies in the literature about the effect of rejection sensitivity on parental attitudes in particular. These studies show that children who are rejected by their parents are more likely to be more sensitive to rejection than children who are accepted by their parents (38). In a study comparing children who were raised with an authoritarian family attitude and children who were raised with a democratic family attitude, the authoritarian families were found to have an attitude of rejection while the democratic families had an attitude of acceptance. Furthermore, the study findings showed that sensitivity to rejection develops in children who were raised in authoritarian families with a rejection attitude (39). Rohner argues that parental rejection is influenced by society, the cultural environment, and the socioeconomic level, so child-rearing attitudes cannot be separated from social conditions (40–42).

A positive relationship was observed between avoidant attachment and rejection sensitivity. Avoidant attachment has an effect on increased sensitivity to rejection. The avoidant attachment style has also been found to have an effect on increased sensitivity to rejection. Similar to these findings, Ishaq and Haque (10) found that individuals with anxious and avoidant attachment styles had higher sensitivity to rejection compared to individuals with secure attachment. These individuals are afraid of being rejected because they have parents who do not meet their needs and do not provide adequate support, thus they avoid intimacy (43).

Contrary to expectations, no significant relationship was found between avoidant attachment and psychopathology. Similarly, Lecompte et al. (44) also report that they found no significant difference in secure, anxious, and avoidant children in terms of internalization problems. One possible explanation for these findings may be that children with avoidant attachment may be able to use their caregivers to manage stressful conditions to some extent as a result of their self-sufficiency, or it may be

the children's view of their caregivers, who are not considered the source of their fear.

When evaluating the results, it should be taken into consideration that the findings cannot be generalized since the study was conducted with students from only two universities, with an uneven distribution of numbers of female and male participants. Since a cross-sectional method was used in the study, a longitudinal study is needed to assess the changes in levels of depression and anxiety symptoms. Since the sample contains a non-clinical group, attention should be paid when considering the results for risk groups. In addition, studies show that different dimensions of rejection sensitivity (e.g., anxious rejection sensitivity, angry rejection sensitivity) may have different effects on mental health, but this study does not address the different dimensions of rejection sensitivity. In future research, it is believed that it may be useful to consider the different dimensions of rejection sensitivity and to include measurements taken from different individuals, such as parents or friends, in addition to measurements taken from the respective individuals.

Despite its limitations, this study shows the importance of focusing on attachment styles in the development of interventions for individuals with psychopathology. Based on this, it is believed that developing intervention programs focused on attachment styles may be beneficial for individuals with symptoms of anxiety and depression. It is also emphasized that self-esteem, and in particular its cultural factors, should be taken into account when examining the relationship between attachment styles and psychopathology.

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Informed Consent: Verbal and written informed consent was obtained from the participants.

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